Appendix A

Individualized Health Care Plans
Emergency plan
Procedure information sheet
Daily log
Medical order forms
Parent authorization forms

Components of an Individualized Health Care Plan

Who should have an Individualized Health Care Plan (IHCP)?

Students with mild to severe health care needs and require frequent nursing services at school should have an IHCP.

What is the purpose of an IHCP?

The IHCP helps assure consistent, safe health care for the student, protects the school nurse in legal proceedings, and provides documentation regarding the extent of services provided. Each IHCP should be individualized to meet the needs of the student.

What should the IHCP include?

The IHCP should include the following four components:

1. Nursing assessment
2. Nursing diagnoses
3. Nursing interventions
4. Expected outcomes

Each IHCP may include additional components to meet the needs of the student. The IHCP should be revised when the student's physical condition or care changes. Each IHCP should be consistent with minimum standards of care.

IHCPs also should address:

- Physical education classes, if appropriate
- Special activities (i.e., swimming)
- Field trips
- Classroom parties
- Off-campus work opportunities
- Bus transportation
- Medical equipment, supplies, and services

Who should develop and sign the IHCP?

The following individuals should help develop and then sign the IHCP:

- Parents
- Student
- Medical provider (optional)
- Registered school nurse

Parents or legal guardians **must** authorize, in writing, care provided for their minor children.

Medical providers (physicians, nurse practitioners, physician assistants) **must** provide written orders for medical treatments provided at school.

How often should the IHCP be updated?

The IHCP should be updated as appropriate and revised at least annually (i.e., at least once each school year) or after significant changes occur in the student's health status.

What is the Emergency Care Plan?

The Emergency Care Plan (ECP) is required when a chronic condition has the potential to result in a medical emergency. The ECP is a component of the IHCP.

Source:

Legal *Issues in School Health Services.*
National Association of School Nurses. (1998, Revised 2003). *Position Statement: Individualized Health Care Plans*.

Components of an Individualized Health Care Plan (IHCP)

1. Assessment

The assessment provides the background information for the IHCP and includes:

- Health history
- Current health status
- Self-care skills/needs
- Psychosocial status
- Health issues related to learning

2. Nursing Diagnosis

A nursing diagnosis summarizes the current health status of the student based on the student's response to the health condition and defines what the school nurse can contribute as an autonomous practitioner.

3. Goals

Goals are clear, concise, realistic descriptions of desired outcomes. They may be short-term or long-term but they must be measurable.

4. Nursing Interventions

A nursing intervention is any treatment performed to reach a goal or desired outcome.

5. Student Outcome

An outcome describes what the student is expected to do. It must be realistic and measurable.

6. Evaluation

The evaluation consists of periodically reviewing the student's goals and outcomes; comparing actual versus predicted outcomes; reviewing the interventions; and, if necessary, modifying the IHCP. Evaluations also should occur when the student's health status changes significantly or when the medical provider changes the student's prescribed treatment or medications.

Individualized Health Care Plan (IHCP)

Student: _____ _____
Name Date of Birth

Prepared By: _____ _____
School Nurse Date

Approved By: _____ _____
Parent(s) Date

_____ _____
Parent(s) Date

Approved By: _____ _____
Student Date

Approved By: _____ _____
Medical Provider (optional) Date

Next Review & Revision Due: _____

Individualized Health Care Plan

Demographics

Student Name _____ Birth Date _____

Home Address _____

_____

Mother/Guardian _____ Phone _____

Father/Guardian _____ Phone _____

Caregiver _____ Phone _____

Language spoken at home _____

Emergency Contact:

_____	_____	_____
Name	Relationship	Phone

Medical Care

Primary Physician _____ Phone _____

Specialty Physician_____ Phone _____

Specialty Physician_____ Phone _____

Health History

Brief health history _____

_____

_____

_____

Special health care needs _____

_____

_____

Other considerations _____

_____

_____

Student's Ability to Participate in Care _____

Allergies _____

_____

Medication & Dietary Needs

Current Medications (dose, route, time)

_____

_____

_____

_____

_____

_____

Special Dietary Requirements

_____

_____

_____

_____

_____

Allergies

_____

_____

Individualized Health Care Plan - Components

Assessment Data	Nursing Diagnosis	Goals	Nursing Interventions	Expected Outcomes

Procedures

Procedure _____

Frequency _____ **Times** _____

Position of student during procedure _____

Ability of student to assist/perform procedure _____

Location for procedure _____

Equipment needed _____

_____

_____

Procedural considerations & precautions _____

_____

_____

Staff qualified to assist with procedure _____

_____

_____

Daily Log

Student Name _____ **Class/Grade** _____

Procedure _____

Parent _____ **Phone** _____

Date/Time	Procedure notes	Observations	Time for Prep, Proc, Doc	Completed by

Emergency Plan

Student Name _____ **Class/Grade** _____

Parent _____ **Phone** _____

If you see this	Do this

In an emergency occurs:

1. **Stay with child**
2. **Call or have someone else call the school nurse**
3. **If the school nurse is not available, the following staff members are trained to initiate the emergency plan.**

_____

_____

_____

_____

Transportation Plan for Student with Special Health Care Needs

Student Name _____ **Class/Grade** _____

Parent _____ **Phone** _____

Period From _____ **To** _____	**Review Date** _____

1. Adaptations/Accommodations Required

_____ Transportation Aide

_____ Bus lift

_____ Seat belt

_____ Special restraint

_____ Wheelchair tie down

Space for equipment: specify _____
_____

2. Positioning or Handling Requirements

_____ None

_____ Describe _____
_____
_____
_____

3. Behavior Considerations

_____ None

_____ Describe _____
_____
_____
_____

4. Transportation Staff Training

Training has been provided to drivers and substitute driver(s). _____ yes _____ no

Describe training provided _____
_____
_____
_____

Date training completed _____

5. Student Specific Emergency Procedures

If you see this	Do this

Medical Orders for Specialized Health Care Procedures

Student Name _____ **Birth Date** _____

Home Address _____

Name/description of specialized health care procedure _____

_____

_____

Time or indication for procedure _____

_____

Precautions, potential complications & needed actions _____

_____

_____

Person(s) authorized to perform procedure

___ School Nurse ___ Trained School Staff ___ Student

Procedure is to be continued as above until (maximum of one school year)

_____

Medical Provider Signature _____**Date** _____

I request that the procedure/treatment be performed to my child, named above. The medical provider explained to me the procedure, its purpose and possible complications.

Parent/Guardian Signature_____**Date** _____

Parent/Guardian _____ **Date** _____

Medical Order Form

Student Name _____ **Birth Date** _____

Home Address _____

Licensed Medical Provider _____ **Title** _____

Phone _____

Date of Order _____ **Discontinuation Date** _____

Medication _____

Route of administration _____

Dosage _____

Frequency _____

Time(s) of administration _____

Specific directions for administration _____

_____

Special side effects, contraindications, or possible adverse reactions

_____

_____

Consent for self-administration by student (with approval of parent/guardian & school nurse) _____Yes _____No

_____ _____

Signature of Medical Provider **Date**

I request that the medication, names above, be given to my child. The medical provider explained to me the medication, its purpose and possible complications.

Parent/Guardian Signature_____**Date** _____

Parent/Guardian _____ **Date** _____